

JUN 24 1927
JUN 2 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14378

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. _____
Township _____ Primary Registration District No. 3007 Registered No. 124
City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3301 Michigan Ave. Ward St. Louis Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Dettler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 - 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 | 8 | 7

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Locomotive Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Philip Dettler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Peterson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sweden
(STATE OR COUNTRY)

14. INFORMANT Marie Dettler
(Address) 3301 Michigan Ave

15. FILED 5/25 1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
skilled in cyclone
1870
202
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Frank Boonville, Mo. M.D.
5/24 1927 (Address) Poplar Bluff Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Pauls Churchyard DATE OF BURIAL May 13 1927

20. UNDERTAKER Wacker & Eldred ADDRESS 233 1/2 Bluff

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 11 1957